

P.O. Box 68  
108 South Main Street  
Eagleville, TN 37060



(615) 274-2992  
Fax (615) 274-2977

DESIGN REVIEW  
APPLICATION

Applicant's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Details of Proposed Use:  
\_\_\_\_\_  
\_\_\_\_\_

Location/Address: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel No: \_\_\_\_\_ Acreage/Size of Tract: \_\_\_\_\_

FEMA Flood Map \_\_\_\_\_ Panel Number \_\_\_\_\_

Use: \_\_\_\_\_

Project Engineer/Surveyor \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Zoning: \_\_\_\_\_

Conditional Use Permit : Yes \_\_\_\_\_ No \_\_\_\_\_

FEE: \$0.00 Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date Submitted: \_\_\_\_\_

If applicant is not property owner, Owner will need to sign.

\_\_\_\_\_  
Signature of Applicant/Owner